

PD6000088797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

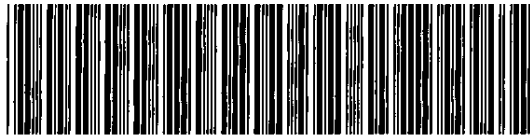
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/01/06--01016--011 **78.75

FILED
06 JUN 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPD
7/5

006-25196

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: AllStates Lending Group Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ADIL ASGHAR

Name (Printed or typed)

13867 SE 85th Circle

Address

Summerfield FL 34491

City, State & Zip

630-673-0673

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2006

ADIL ASGHAR
13867 SE 85TH CIRCLE
SUMMERFIELD, FL 34491

SUBJECT: ALLSTATES LENDING GROUP INC
Ref. Number: W06000025196

We have received your document for ALLSTATES LENDING GROUP INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 406A00038363

mailed to:
Adil Asghar
10378 Dute L Barn St
Huntley IL 60143
6/13/06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 JUN 23 AM 8:23

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 13, 2006

ADIL ASGHAR 2ND MAILING
10378 DUTCH BARN ST
HUNTLEY, IL 60142

SUBJECT: ~~ALLSTATES LENDING GROUP INC~~
Ref. Number: W06000025196

Different name.

*NATIONAL LENDING SERVICES,
INC.*

We have received your document for ALLSTATES LENDING GROUP INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 406A00038363

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AllStates Lending Group Inc. National LENDING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

13867 SE 85th Circle, Summerfield FL 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Broker

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Adil Asghar 13867 SE 85th Circle, Summerfield , FL 34491

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Adil Asghar 13867 SE 85th Circle, Summerfield , FL 34491

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

ADIL ASGHAR

5/26/06
Date

Signature/Incorporator

ADIL ASGHAR

5/26/06
Date